



Tennessee State Board of Accountancy
Firm Ownership and Peer Review Information

Accountancy Rule 0020-01-.11 requires the disclosure of the following information with the initial firm permit application, and upon renewal, for each office location. Please attach additional documents as necessary. You may attach this disclosure during the online application process or submit via email to accountancy.forms@tn.gov, fax or mail.

Firm Name	
Type of Organization (PLLC, Sole Proprietor, etc.)	
Firm Physical Location	

Individuals With an Equity or Voting Interest in the Firm		Percentage of:	
Name	Address	Ownership	Voting Rights
Non-CPA Owners (must be active individual participants in the CPA firm or affiliated entities)		% working time in firm	
CPA/PA Employees (at this office location only)			
Name	Address	License #	State
Resident Manager			
Name	Address	License #	State
Those responsible for supervising or providing attest services (provide experience affidavit for each)			
Name	Address	License #	State

Indicate the firm's peer review program status: **Enrolled** **Exempt**

Period Ending of last attest engagement: _____ Year-end of firm's last peer review: _____

 Resident Manager (Print Name)

 Resident Manager Signature Date